County: Door DOOR COUNTY MEMORIAL HOSPITAL SNF

323 SOUTH 18TH AVENUE

STURGEON BAY 54235 Phone: (920) 746-3719 Ownership: Non-	n-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Ski	illed
Operate in Conjunction with Hospital? Yes Operate in Conjunction with CBRF? No	
Number of Beds Set Up and Staffed (12/31/01): 30 Title 18 (Medicare) Certified? Yes	s
Total Licensed Bed Capacity (12/31/01): 30 Title 19 (Medicaid) Certified? Yes	s
Number of Residents on 12/31/01: 30 Average Daily Census: 30	

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3)	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	33. 3
Supp. Home Care-Personal Care	No					1 - 4 Years	46. 7
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	20. 0
Day Services	No	Mental Illness (Org./Psy)	3. 3	65 - 74	6. 7		
Respite Care	No	Mental Illness (Other)	0. 0	75 - 84	26. 7	•	100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	50.0	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	16. 7	Full-Time Equivalent	:
Congregate Meals	No	Cancer	3. 3	ĺ	Í	Nursing Staff per 100 Res	i dents
Home Delivered Meals	No	Fractures	6. 7		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	30.0	65 & 0ver	100. 0		
Transportati on	No	Cerebrovascul ar	16. 7			RNs	14. 7
Referral Service	No	Di abetes	13. 3	Sex	% j	LPNs	13. 9
Other Services	No	Respi ratory	6. 7		j	Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	20. 0	Male	20.0	Aides, & Orderlies	26. 6
Mentally Ill	No			Femal e	80. 0		
Provi de Day Programming for			100.0		j		
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther			Pri vate Pay	;		amily Care			anaged Care	I		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0
Skilled Care	2	100.0	275	16	94. 1	112	0	0.0	0	11	100.0	149	0	0.0	0	0	0.0	0	29	96. 7
Intermedi ate				1	5. 9	92	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	3. 3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Traumatic Brain In	i 0	0.0	0	0	0. 0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100.0		17	100.0		0	0.0		11	100.0		0	0.0		0	0.0		30	100. 0

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi t	ions, Services	s, and Activities as of 1	2/31/01
Deaths During Reporting Period		'				·	
0 1 8		ľ			% Needi ng		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	20.0		40. 0	40. 0	30
Other Nursing Homes	23. 5	Dressing	20. 0		23. 3	56. 7	30
Acute Care Hospitals	64. 7	Transferring	23. 3		50. 0	26. 7	30
Psych. HospMR/DD Facilities	0.0	Toilet Use	16. 7		53. 3	30. 0	30
Rehabilitation Hospitals	0.0	Eati ng	60. 0		13. 3	26. 7	30
Other Locations	11.8	**************	******	*****	******	*********	*****
Total Number of Admissions	17	Continence		%	Special Trea	itments	%
Percent Discharges To:		Indwelling Or Externa	ıl Catheter	6. 7	Recei vi ng	Respiratory Care	10. 0
Private Home/No Home Health	5. 9	Occ/Freq. Incontinent	of Bladder	66. 7	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	11.8	Occ/Freq. Incontinent	of Bowel	53. 3	Recei vi ng	Sucti oni ng	0. 0
Other Nursing Homes	5. 9				Recei vi ng	Ostomy Care	0. 0
Acute Care Hospitals	0.0	Mobility			Recei vi ng	Tube Feeding	0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	0.0	Recei vi ng	Mechanically Altered Die	ts 43.3
Rehabilitation Hospitals	0.0						
Other Locations	11.8	Skin Care			Other Reside	ent Characteristics	
Deaths	64. 7	With Pressure Sores		6. 7	Have Advan	ice Directives	93. 3
Total Number of Discharges		With Rashes		6. 7	Medi cati ons		
(Including Deaths)	17				Recei vi ng	Psychoactive Drugs	60. 0

	Thi s		Al l		
	Facility	Based Fa	Based Facilities		
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	100. 0	88. 1	1. 14	84. 6	1. 18
Current Residents from In-County	96. 7	83. 9	1. 15	77. 0	1. 26
Admissions from In-County, Still Residing	52. 9	14. 8	3. 57	20. 8	2. 54
Admissions/Average Daily Census	56 . 7	202. 6	0. 28	128. 9	0. 44
Di scharges/Average Daily Census	56 . 7	203. 2	0. 28	130. 0	0. 44
Discharges To Private Residence/Average Daily Census	10. 0	106. 2	0. 09	52. 8	0. 19
Residents Receiving Skilled Care	96. 7	92. 9	1. 04	85. 3	1. 13
Residents Aged 65 and Older	100. 0	91. 2	1. 10	87. 5	1. 14
Title 19 (Medicaid) Funded Residents	56. 7	66. 3	0. 85	68. 7	0.83
Private Pay Funded Residents	36. 7	22. 9	1. 60	22. 0	1. 67
Developmentally Disabled Residents	0. 0	1. 6	0.00	7. 6	0.00
Mentally Ill Residents	3. 3	31. 3	0. 11	33. 8	0. 10
General Medical Service Residents	20. 0	20. 4	0. 98	19. 4	1.03
Impaired ADL (Mean)*	54. 7	49. 9	1. 10	49. 3	1. 11
Psychological Problems	60. 0	53. 6	1. 12	51. 9	1. 16
Nursing Care Required (Mean)*	8. 3	7. 9	1. 05	7. 3	1. 14